

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Doctors Company Federal PAC (DOCPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mike Thompson for Congress

Mailing Address P.O. Box 10541

City Napa State CA Zip Code 94581

Purpose of Disbursement  
Political ContributionCandidate Name  
Rep. Mike ThompsonCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: BA6BFBB18A7C044C5953

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City CHRISTIANBURG State VA Zip Code 24068

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8567FFEC463D491B908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Comm

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2011

Transaction ID: B14BFF0C46DC34064A5A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....